

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (if known):

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

FILED  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
MAR 09 2017  
JEFFREY P. ALLSTEADT, CLERK  
Check if this is an  
amended filing

Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Shanise

First name

Renee

Middle name

Thompson

Last name

Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 6 7 4 4

OR

9 XX - XX - \_\_\_\_\_

XXX - XX - \_\_\_\_\_

OR

9 XX - XX - \_\_\_\_\_

Debtor 1 Shanise Renee Thompson  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

7234 S. Jeffery Apt. 3

Number Street \_\_\_\_\_

Chicago IL 60649  
City State ZIP Code

Cook  
County \_\_\_\_\_

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

County \_\_\_\_\_

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**6. Why you are choosing this district to file for bankruptcy**

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1 Shanise Renee Thompson

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Shanise Renee Thompson  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property?

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1 Shanise Renee Thompson

First Name

Middle Name

Last Name

Case number (*if known*) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Shanise Renee Thompson

First Name

Middle Name

Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

1-49  
 50-99  
 100-199  
 200-999  
 1,000-5,000  
 5,001-10,000  
 10,001-25,000  
 25,001-50,000  
 50,001-100,000  
 More than 100,000

**19. How much do you estimate your assets to be worth?**

\$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million  
 \$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million  
 \$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

**20. How much do you estimate your liabilities to be?**

\$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million  
 \$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million  
 \$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

**Part 7: Sign Below**

**For you**

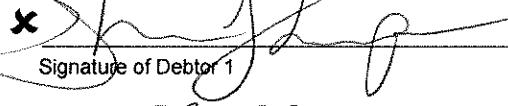
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18.U.S.C. §§ 152, 1341, 1519, and 3571.

  
Signature of Debtor 1

Executed on 03 07 2017  
MM / DD / YYYY

  
Signature of Debtor 2

Executed on     
MM / DD / YYYY

Debtor 1

Shanise Renee Thompson

First Name Middle Name

Last Name

Case number (if known)

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No  
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

Signature of Debtor 1

Date

03/07/2017  
MM / DD / YYYY

Signature of Debtor 2

Date

MM / DD / YYYY

Contact phone 317-622-1029

Contact phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	First Name	Renee	Middle Name	Thompson	Last Name
Debtor 2	(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: Northern District of Illinois					
Case number (If known)					

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets	
Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$ 0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ 1,500.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$ 1,500.00

#### Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$ 0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 83,365.00
Your total liabilities	
	\$ 83,365.00

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 1,193.00
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 1,120.00

Debtor 1 Shanise Renee Thompson  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,303.00

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F.**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 20,040.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. **Total.** Add lines 9a through 9f. \$ 20,040.00



Debtor 1 Shanise Renee Thompson

First Name Middle Name Last Name

Case number (if known)

1.3. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

 Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ....

\$ 0.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

3.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

 Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

 Check if this is community property (see instructions)

Debtor 1 Shanise Renee Thompson

First Name Middle Name Last Name

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Case number (if known)

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

## 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... →

\$ 0.00

Debtor 1

Shanise Renee Thompson

First Name Middle Name

Last Name

Case number (if known)

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware*

No  
 Yes. Describe.....

Furniture

\$ 900.00

**7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*

No  
 Yes. Describe.....

\$

**8. Collectibles of value***Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles*

No  
 Yes. Describe.....

\$

**9. Equipment for sports and hobbies***Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments*

No  
 Yes. Describe.....

\$

**10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment*

No  
 Yes. Describe.....

\$

**11. Clothes***Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories*

No  
 Yes. Describe.....

Clothes

\$ 600.00

**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver*

No  
 Yes. Describe.....

\$

**13. Non-farm animals***Examples: Dogs, cats, birds, horses*

No  
 Yes. Describe.....

\$

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No  
 Yes. Give specific information.....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 1,500.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes .....

Cash: ..... \$ \_\_\_\_\_

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes .....

Institution name:

17.1. Checking account:	_____	\$ _____
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes .....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:	% of ownership:
_____	0% % \$ _____
_____	0% % \$ _____
_____	0% % \$ _____

Debtor 1

Shanise Renee Thompson

First Name Middle Name

Last Name

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

---



---



---

\$  
\$  
\$  
**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_

\$

Pension plan: \_\_\_\_\_

\$

IRA: \_\_\_\_\_

\$

Retirement account: \_\_\_\_\_

\$

Keogh: \_\_\_\_\_

\$

Additional account: \_\_\_\_\_

\$

Additional account: \_\_\_\_\_

\$

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes .....

Institution name or individual:

Electric: \_\_\_\_\_

\$

Gas: \_\_\_\_\_

\$

Heating oil: \_\_\_\_\_

\$

Security deposit on rental unit: \_\_\_\_\_

\$

Prepaid rent: \_\_\_\_\_

\$

Telephone: \_\_\_\_\_

\$

Water: \_\_\_\_\_

\$

Rented furniture: \_\_\_\_\_

\$

Other: \_\_\_\_\_

\$

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes .....

Issuer name and description:

---



---



---

\$  
\$  
\$

Debtor 1

Shanise Renee Thompson

First Name Middle Name

Last Name

Case number (if known)

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them....

_____	\$ _____
-------	----------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

**27. Licenses, franchises, and other general Intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____
-------

Federal: \$ \_\_\_\_\_  
State: \$ \_\_\_\_\_  
Local: \$ \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

_____
-------

Alimony: \$ \_\_\_\_\_  
Maintenance: \$ \_\_\_\_\_  
Support: \$ \_\_\_\_\_  
Divorce settlement: \$ \_\_\_\_\_  
Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

_____	\$ _____
-------	----------

Debtor 1

Shanise Renee Thompson

First Name Middle Name

Last Name

Case number (if known)

**31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance* No Yes. Name the insurance company  
of each policy and list its value. ....

Company name:

Beneficiary:

Surrender or refund value:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.* No Yes. Give specific information.....

\_\_\_\_\_ \$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue* No Yes. Describe each claim. ....

\_\_\_\_\_ \$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. ....

\_\_\_\_\_ \$ \_\_\_\_\_

**35. Any financial assets you did not already list** No Yes. Give specific information.....

\_\_\_\_\_ \$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\_\_\_\_\_ \$ 0.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe.....

\_\_\_\_\_ \$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices* No Yes. Describe.....

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1 Shanise Renee Thompson

First Name Middle Name Last Name

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Case number (if known) \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.....

	\$
--	----

**41. Inventory** No Yes. Describe.....

	\$
--	----

**42. Interests in partnerships or joint ventures** No Yes. Describe..... Name of entity:

% of ownership:

_____	%	\$
_____	%	\$
_____	%	\$

**43. Customer lists, mailing lists, or other compilations** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$
--	----

**44. Any business-related property you did not already list** No Yes. Give specific information .....

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....



\$	0.00
----	------

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**47. Farm animals***Examples: Livestock, poultry, farm-raised fish* No Yes.....

	\$
--	----

Debtor 1 Shanise Renee Thompson

First Name Middle Name Last Name

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Case number (if known) \_\_\_\_\_

## 48. Crops—either growing or harvested

 No Yes. Give specific information. \_\_\_\_\_

_____	\$ _____
-------	----------

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes. \_\_\_\_\_

_____	\$ _____
-------	----------

## 50. Farm and fishing supplies, chemicals, and feed

 No Yes. \_\_\_\_\_

_____	\$ _____
-------	----------

## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information. \_\_\_\_\_

_____	\$ _____
-------	----------

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here. →

\$ _____	0.00
----------	------

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information. \_\_\_\_\_

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 54. Add the dollar value of all of your entries from Part 7. Write that number here. →

\$ _____	0.00
----------	------

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 → \$ 0.00

56. Part 2: Total vehicles, line 5 \$ 0.00

57. Part 3: Total personal and household items, line 15 \$ 1,500.00

58. Part 4: Total financial assets, line 36 \$ 0.00

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61. \$ 1,500.00 Copy personal property total → + \$ 1,500.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 1,500.00

Fill in this information to identify your case:		
Debtor 1	Shanise Renee Thompson	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Brief description: <u>Furniture</u>	\$ <u>900.00</u>	<input checked="" type="checkbox"/> \$ <u>900.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from <i>Schedule A/B</i> : <u>6</u>			
Brief description: <u>Clothes</u>	\$ <u>600.00</u>	<input checked="" type="checkbox"/> \$ <u>600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Line from <i>Schedule A/B</i> : <u>11</u>			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from <i>Schedule A/B</i> :			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No  
 Yes

Fill in this information to identify your case:

Debtor 1	Shanise Renee Thompson		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
--	--	--

2.1	Describe the property that secures the claim:  Creditor's Name _____  Number Street _____  City _____ State _____ ZIP Code _____	\$ _____	\$ _____	\$ _____
	As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who owes the debt? Check one.  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt	Nature of lien. Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
	Date debt was incurred _____	Last 4 digits of account number _____		
2.2	Describe the property that secures the claim:  Creditor's Name _____  Number Street _____  City _____ State _____ ZIP Code _____	\$ _____	\$ _____	\$ _____
	As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who owes the debt? Check one.  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt	Nature of lien. Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
	Date debt was incurred _____	Last 4 digits of account number _____		
	Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____ 0.00			

Fill in this information to identify your case:

Debtor 1	Shanise Renee Thompson	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known)		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

- Do any creditors have priority unsecured claims against you?
  - No. Go to Part 2.
  - Yes.
- List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number Street	When was the debt incurred?			
City State ZIP Code	As of the date you file, the claim is: Check all that apply.			
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Is the claim subject to offset?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

2.2

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number Street	When was the debt incurred?			
City State ZIP Code	As of the date you file, the claim is: Check all that apply.			
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Is the claim subject to offset?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

			Total claim
4.1	<b>Dept of ED/Neinet</b> Nonpriority Creditor's Name <b>3015 Parker Rd 400</b> Number Street <b>Aurora</b> <b>CO</b> <b>80014</b> City State ZIP Code		
	Last 4 digits of account number <b>6 7 4 4</b>		\$ <b>20,040.00</b>
	When was the debt incurred? <b>12/01/2010</b>		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
4.2	<b>Capital One</b> Nonpriority Creditor's Name <b>PO BOX 30253</b> Number Street <b>Salt Lake City</b> <b>UT</b> <b>84130</b> City State ZIP Code		
	Last 4 digits of account number <b>6 7 4 4</b>		\$ <b>1,200.00</b>
	When was the debt incurred? <b>07/05/2016</b>		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.3	<b>Enhanced Recovery Company</b> Nonpriority Creditor's Name <b>PO BOX 57547</b> Number Street <b>Jacksonville</b> <b>FL</b> <b>32241</b> City State ZIP Code		
	Last 4 digits of account number <b>6 7 4 4</b>		\$ <b>686.00</b>
	When was the debt incurred? <b>11/08/2016</b>		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Acct (AT&amp;T)</b>		

Debtor 1 Shanise Renee Thompson

First Name Middle Name Last Name

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Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****4.4****Komatte & Casbon PC**

Nonpriority Creditor's Name

9650 Gordon Dr

Number Street

Highland

IN

46322

City

State

ZIP Code

Last 4 digits of account number 6 7 4 4\$ 50.00When was the debt incurred? 02/03/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Collection(Suk S Lee MD)

**4.5****A R Concepts Inc**

Nonpriority Creditor's Name

183 E Dundee Rd 330

Number Street

Barrington

IL

60010

City

State

ZIP Code

Last 4 digits of account number 6 7 4 4\$ 200.00When was the debt incurred? 08/26/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Village of Westchester

**4.6****Enhanced Recovery Company**

Nonpriority Creditor's Name

PO BOX 57547

Number Street

Jacksonville

FL

32241

City

State

ZIP Code

Last 4 digits of account number 6 7 4 4\$ 1,075.00When was the debt incurred? 05/04/2016

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Sprint

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Credit Management LP

Nonpriority Creditor's Name

4200 International PY

Number Street

Carrollton TX 75007

City State ZIP Code

Last 4 digits of account number 6 7 4 4

\$ 287.00

When was the debt incurred? 06/11/2011

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Wide Open West Settlement

4.8

The CBE Group Inc-Former

Nonpriority Creditor's Name

131 Tower Park Drive Suite 100, PO BOX 900

Number Street

Waterloo IA 50704

City State ZIP Code

Last 4 digits of account number 6 7 4 4

\$ 865.00

When was the debt incurred? 11/29/2016

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Comcast

4.9

Enhanced Recovery Company

Nonpriority Creditor's Name

PO BOX 57547

Number Street

Jacksonville FL 32241

City State ZIP Code

Last 4 digits of account number 6 7 4 4

\$ 366.00

When was the debt incurred? 09/11/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify T-Mobile

Debtor 1 Shanise Renee Thompson

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Case number (if known)

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.1

CommonWealth Finance

Nonpriority Creditor's Name

245 Main St

Number Street  
Scranton PA 18519

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 6 7 4 4

\$ 2,343.00

When was the debt incurred? 07/08/2016

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Crandon Emergency Phys.

5.2

JVDB Associates

Nonpriority Creditor's Name

PO BOX 5718

Number Street  
Elgin IL 60121

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 6 7 4 4

\$ 4,389.00

When was the debt incurred? 05/28/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Turner Acceptance

5.3

Advocate Medical Group

Nonpriority Creditor's Name

75 Remittance Dr Suite 1019

Number Street  
Jacksonville FL 32241

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 8 1 5 1

\$ 474.00

When was the debt incurred? 04/26/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

		Total claim
5.4	General Revenue Corporation	
Nonpriority Creditor's Name		Last 4 digits of account number <u>9 5 0 1</u> \$ <u>570.00</u>
PO BOX 495999		When was the debt incurred? <u>11/02/2012</u>
Number	Street	
Cincinnati	OH	45249
City	State	ZIP Code
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
5.5	TCF Bank	
Nonpriority Creditor's Name		Last 4 digits of account number <u>6 7 4 4</u> \$ <u>3,500.00</u>
15350 Cedar Ave		When was the debt incurred? <u>03/03/2017</u>
Number	Street	
Apple Valley	MN	55124
City	State	ZIP Code
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
5.6	South Shore Hospital	
Nonpriority Creditor's Name		Last 4 digits of account number <u>6 7 4 4</u> \$ <u>7,600.00</u>
8012 Crandon Ave		When was the debt incurred? <u>03/03/2017</u>
Number	Street	
Chicago	IL	60617
City	State	ZIP Code
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Shanise Renee Thompson  
First Name Middle Name Last Name

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Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

5.7	<b>City of Chicago EMS</b> Nonpriority Creditor's Name <b>33589 Treasury Ctr</b> Number Street <b>Chicago</b> IL <b>60694</b> City State ZIP Code	Last 4 digits of account number <b>5 0 4 8</b> When was the debt incurred? <b>04/26/2013</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$ 12,000.00</b>	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
5.8	<b>Arnold Scott Harris, P.C.</b> Nonpriority Creditor's Name <b>111 West Jackson Boulevard, Suite 600</b> Number Street <b>Chicago</b> IL <b>60604</b> City State ZIP Code	Last 4 digits of account number <b>6 7 4 4</b> When was the debt incurred? <b>09/24/2014</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$ 732.00</b>	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>City of Chicago</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
5.9	<b>Illinois Tollway</b> Nonpriority Creditor's Name <b>2700 Ogden Ave</b> Number Street <b>Downers Grove</b> IL <b>60515</b> City State ZIP Code	Last 4 digits of account number <b>6 7 4 4</b> When was the debt incurred? <b>03/03/2017</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$ 87.00</b>	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tolls</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

## Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
6.1	<p><b>Mile Square Health Center</b> Nonpriority Creditor's Name</p> <p><b>7724 Solution Center</b> Number Street Chicago IL 60694 City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
	<p>Last 4 digits of account number <u>6 7 4 4</u> \$ <u>386.00</u></p> <p>When was the debt incurred? <u>09/02/2014</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>		
6.2	<p><b>Oaklawn Radiology Imaging Consultants Advocate C</b> Nonpriority Creditor's Name</p> <p><b>37241 Eagle Way</b> Number Street Chicago IL 60678 City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
	<p>Last 4 digits of account number <u>7 9 3 7</u> \$ <u>619.00</u></p> <p>When was the debt incurred? <u>04/26/2013</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>		
6.3	<p><b>South Shore Radiologists</b> Nonpriority Creditor's Name</p> <p><b>PO BOX 701</b> Number Street Lansing IL 60438 City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
	<p>Last 4 digits of account number <u>6 7 4 4</u> \$ <u>50.00</u></p> <p>When was the debt incurred? <u>03/09/2013</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>		

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.4

## University of Illinois Hospital

Nonpriority Creditor's Name

7705 Solution Center

Number Street  
Chicago IL 60677  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 1 3 2 7

\$ 150.00

When was the debt incurred? 12/13/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

6.5

## City of Chicago Department of Finance

Nonpriority Creditor's Name

PO BOX 4641  
Number Street  
Chicago IL 60680  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 6 7 4 4

\$ 5,000.00

When was the debt incurred? 03/03/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Tickets

6.6

## Secretary of State

Nonpriority Creditor's Name

2701 S. Dirksen Parkway  
Number Street  
Springfield IL 62723  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 6 7 4 4

\$ 100.00

When was the debt incurred? 11/07/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Notice of Suspension

## Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.7

Jackson Park Hospital

Nonpriority Creditor's Name

7531 S Stony Island Ave

Number Street  
Chicago IL 60649  
City State ZIP Code

Last 4 digits of account number 6 7 4 4

\$ 1,200.00

When was the debt incurred? 03/03/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

6.8

WOW cable

Nonpriority Creditor's Name

PO BOX 4350  
Number Street  
Carol Stream IL 60197  
City State ZIP Code

Last 4 digits of account number 6 7 4 4

\$ 684.00

When was the debt incurred? 03/03/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Cable

6.9

CitiBank

Nonpriority Creditor's Name

PO BOX 9001037  
Number Street  
Louisville KY 40290  
City State ZIP Code

Last 4 digits of account number 6 7 4 4

\$ 584.00

When was the debt incurred? 03/03/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

7.1

## AcceptanceNow

Nonpriority Creditor's Name

5501 Headquarters Dr

Number Street

Plano

TX

75024

City

State

ZIP Code

Last 4 digits of account number 6 7 4 4

\$ 4,381.00

When was the debt incurred? 05/29/2016

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Collection Account

7.2

## Turner Acceptance

Nonpriority Creditor's Name

5900 W Howard St

Number Street

Carol Stream

IL

60197

City

State

ZIP Code

Last 4 digits of account number 6 7 4 4

\$ 8,000.00

When was the debt incurred? 11/15/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Automobile

7.3

## Xfinity Cable

Nonpriority Creditor's Name

PO BOX 3002

Number Street

Southeastern

PA

19398

City

State

ZIP Code

Last 4 digits of account number 6 7 4 4

\$ 2,000.00

When was the debt incurred? 03/03/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Cable

Debtor 1

Shanise Renee

Document Thompson

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Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

7.4

**Chicago State University**

Nonpriority Creditor's Name

9501 S King Dr

Number Street

Chicago

IL

60628

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 6 7 4 4\$ 849.00When was the debt incurred? 03/03/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Education

7.5

**Olive Harvey College**

Nonpriority Creditor's Name

10001 S Woodlawn Ave

Number Street

Chicago

IL

60628

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 6 7 4 4\$ 2,000.00When was the debt incurred? 03/03/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Education

7.6

**University of Illinois Hospital**

Nonpriority Creditor's Name

1740 W. Taylor Street

Number Street

Chicago

IL

60612

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 6 7 4 4\$ 898.00When was the debt incurred? 03/03/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

Debtor 1

Shanise Renee Thompson

First Name

Middle Name

Last Name

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Case number (if known) \_\_\_\_\_

**Part 4:****Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

**Total claims from Part 1**

	<b>Total claim</b>
6a. Domestic support obligations	6a. \$ 0.00
6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e.	\$ 0.00
-----	---------

**Total claims from Part 2**

	<b>Total claim</b>
6f. Student loans	6f. \$ 20,040.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 63,325.00

6j. Total. Add lines 6f through 6i.

6j.	\$ 83,365.00
-----	--------------

Fill in this information to identify your case:		
Debtor	Shanise	Renee
	First Name	Middle Name
Thompson		Last Name
Debtor 2 (Spouse if filing)		
	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known) _____		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

	Person or company with whom you have the contract or lease			State what the contract or lease is for
2.1	Jeffery SE, LLC Name P.O. Box 46147 Number Street Chicago IL 60646 City State ZIP Code			Apartment rental lease
2.2	Name Number Street City State ZIP Code			
2.3	Name Number Street City State ZIP Code			
2.4	Name Number Street City State ZIP Code			
2.5	Name Number Street City State ZIP Code			

Fill in this information to identify your case:		
Debtor 1	Shanise Renee Thompson	
	First Name	Middle Name
Debtor 2	(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known) _____		

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)  
 No  
 Yes
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
 No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1	Name	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
	Number Street	
	City State ZIP Code	
3.2	Name	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
	Number Street	
	City State ZIP Code	
3.3	Name	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
	Number Street	
	City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Shanise	Renee	Thompson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment									
1. Fill in your employment information.	<table border="0"> <tr> <td style="background-color: #cccccc;">Debtor 1</td> <td style="background-color: #cccccc;">Debtor 2 or non-filing spouse</td> </tr> </table>	Debtor 1	Debtor 2 or non-filing spouse						
Debtor 1	Debtor 2 or non-filing spouse								
If you have more than one job, attach a separate page with information about additional employers.	<table border="0"> <tr> <td>Employment status</td> <td><input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed</td> <td><input type="checkbox"/> Employed <input type="checkbox"/> Not employed</td> </tr> </table>	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed					
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed							
Include part-time, seasonal, or self-employed work.	<table border="0"> <tr> <td>Occupation</td> <td>CNA</td> </tr> </table>	Occupation	CNA						
Occupation	CNA								
Occupation may include student or homemaker, if it applies.	<table border="0"> <tr> <td>Employer's name</td> <td>South Loop Skilled Nursing Facili</td> </tr> </table>	Employer's name	South Loop Skilled Nursing Facili						
Employer's name	South Loop Skilled Nursing Facili								
	<table border="0"> <tr> <td>Employer's address</td> <td>1725 S Wabash</td> </tr> <tr> <td></td> <td>Number Street</td> </tr> <tr> <td></td> <td>Chicago IL 60616</td> </tr> <tr> <td></td> <td>City State ZIP Code</td> </tr> </table>	Employer's address	1725 S Wabash		Number Street		Chicago IL 60616		City State ZIP Code
Employer's address	1725 S Wabash								
	Number Street								
	Chicago IL 60616								
	City State ZIP Code								
	<table border="0"> <tr> <td>How long employed there?</td> <td>1month</td> <td>1month</td> </tr> </table>	How long employed there?	1month	1month					
How long employed there?	1month	1month							

Part 2: Give Details About Monthly Income			
<p>Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.</p> <p>If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.</p>			
<table border="0"> <tr> <td style="background-color: #cccccc;">For Debtor 1</td> <td style="background-color: #cccccc;">For Debtor 2 or non-filing spouse</td> </tr> </table>		For Debtor 1	For Debtor 2 or non-filing spouse
For Debtor 1	For Debtor 2 or non-filing spouse		
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 946.00 \$		
3. Estimate and list monthly overtime pay.	3. + \$ 0.00 + \$		
4. Calculate gross income. Add line 2 + line 3.	4. \$ 946.00 \$		

Debtor 1	Shanise First Name	Renee Middle Name	Thompson Last Name	Case number (if known)	
				<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
Copy line 4 here.....				→ 4. \$ 946.00	\$ _____
<b>5. List all payroll deductions:</b>					
5a. Tax, Medicare, and Social Security deductions	5a. \$ 110.00	\$ _____			
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____			
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____			
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____			
5e. Insurance	5e. \$ _____	\$ _____			
5f. Domestic support obligations	5f. \$ _____	\$ _____			
5g. Union dues	5g. \$ _____	\$ _____			
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 110.00	\$ _____			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 836.00	\$ _____			
<b>8. List all other income regularly received:</b>					
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ _____	\$ _____			
8b. Interest and dividends	8b. \$ _____	\$ _____			
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ _____	\$ _____			
8d. Unemployment compensation	8d. \$ _____	\$ _____			
8e. Social Security	8e. \$ _____	\$ _____			
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.</small> Specify: <u>Foodstamps</u>	8f. \$ 357.00	\$ _____			
8g. Pension or retirement income	8g. \$ _____	\$ _____			
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____			
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 357.00	\$ _____			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,193.00	+ \$ _____ = \$ 1,193.00			
11. State all other regular contributions to the expenses that you list in Schedule J. <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.</small> Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: <u>Foodstamps</u>	11. + \$ _____				
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 1,193.00				
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____				

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Son

2

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 15.00

If not included in line 4:

4a. Real estate taxes

4a. \$ \_\_\_\_\_

4b. Property, homeowner's, or renter's insurance

4b. \$ \_\_\_\_\_

4c. Home maintenance, repair, and upkeep expenses

4c. \$ \_\_\_\_\_

4d. Homeowner's association or condominium dues

4d. \$ \_\_\_\_\_

Debtor 1 Shanise Renee Thompson  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

<b>Your expenses</b>	
<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ _____
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ _____ 125.00
6b. Water, sewer, garbage collection	6b. \$ _____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ _____ 60.00
6d. Other. Specify: _____	6d. \$ _____
<b>7. Food and housekeeping supplies</b>	7. \$ _____ 450.00
<b>8. Childcare and children's education costs</b>	8. \$ _____
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$ _____ 100.00
<b>10. Personal care products and services</b>	10. \$ _____ 150.00
<b>11. Medical and dental expenses</b>	11. \$ _____
<b>12. Transportation</b> . Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ _____ 120.00
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ _____ 100.00
<b>14. Charitable contributions and religious donations</b>	14. \$ _____
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ _____
15b. Health insurance	15b. \$ _____
15c. Vehicle insurance	15c. \$ _____
15d. Other insurance. Specify: _____	15d. \$ _____
<b>16. Taxes</b> . Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ _____
17b. Car payments for Vehicle 2	17b. \$ _____
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l).</b>	18. \$ _____
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ _____
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ _____
20b. Real estate taxes	20b. \$ _____
20c. Property, homeowner's, or renter's insurance	20c. \$ _____
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____
20e. Homeowner's association or condominium dues	20e. \$ _____

Debtor 1 Shanise Renee Thompson  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ \_\_\_\_\_ 1,120.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ \_\_\_\_\_ 1,120.00

23. Calculate your monthly net income.

23a. Copy line 12 (your *combined monthly income*) from Schedule I.

23a. \$ \_\_\_\_\_ 1,193.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$ \_\_\_\_\_ 1,120.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ \_\_\_\_\_ 73.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	Shanise Renee Thompson	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (If known)		

Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petitioner Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Signature of Debtor 1

Date 03 07 2017  
MM / DD / YYYY

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Shanise	Renee	Thompson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1 Shanise Renee Thompson

Case number (if known) \_\_\_\_\_

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ 473.00 <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, 2016) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ 9,300.00 <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2015) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ 12,000.00 <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	
For last calendar year: (January 1 to December 31, 2016) YYYY	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	
For the calendar year before that: (January 1 to December 31, 2015) YYYY	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	

Debtor 1 Shanise Renee Thompson  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Number Street	City	State	ZIP Code	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 Shanise Renee Thompson Case number (if known) \_\_\_\_\_

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	\$ _____	\$ _____	
Number Street			
City _____ State _____ ZIP Code _____			
Insider's Name	\$ _____	\$ _____	
Number Street			
City _____ State _____ ZIP Code _____			

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	\$ _____	\$ _____	
Number Street			
City _____ State _____ ZIP Code _____			
Insider's Name	\$ _____	\$ _____	
Number Street			
City _____ State _____ ZIP Code _____			

Debtor 1 Shanise Renee Thompson

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____ _____ Case number _____ _____	Court Name _____ _____ Number Street _____ _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ _____ _____ Case number _____ _____	Court Name _____ _____ Number Street _____ _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____ _____ Number Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____
Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
Creditor's Name _____ _____ Number Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____
Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 Shanise Renee Thompson

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street			\$
City	State ZIP Code	Last 4 digits of account number: XXXX-_____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City	State ZIP Code		
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City	State ZIP Code		
Person's relationship to you			

Debtor 1 Shanise Renee Thompson

Case number (if known) \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ _____		_____	\$ _____
Number Street _____		_____	\$ _____
City State ZIP Code _____			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
_____	_____	_____	\$ _____

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____	_____	\$ _____
Number Street _____	_____	\$ _____
City State ZIP Code _____		
Email or website address _____		
Person Who Made the Payment, if Not You _____		

Debtor 1 Shanise Renee Thompson Case number (if known) \_\_\_\_\_

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
City State ZIP Code			_____	\$ _____
Email or website address			_____	_____
Person Who Made the Payment, if Not You			_____	_____

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
City State ZIP Code			_____	\$ _____

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred			Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			_____	_____
Number Street			_____	_____
City State ZIP Code			_____	_____
Person's relationship to you			_____	_____
Person Who Received Transfer			_____	_____
Number Street			_____	_____
City State ZIP Code			_____	_____
Person's relationship to you			_____	_____

Debtor 1 Shanise Renee Thompson

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Description and value of the property transferred		Date transfer was made
Name of trust _____  _____  _____	_____	_____

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution _____  _____  _____	XXXX- _____  _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	\$ _____
Number Street _____  _____  _____	XXXX- _____  _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	\$ _____
City _____ State _____ ZIP Code _____	XXXX- _____  _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____  _____  _____	Name _____  Number Street _____  _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street _____  _____  _____	City _____ State _____ ZIP Code _____	
City _____ State _____ ZIP Code _____		

Debtor 1 Shanise Renee Thompson

Case number (if known) \_\_\_\_\_

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
City State ZIP Code			
City	State	ZIP Code	

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City	State	ZIP Code

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City	State	ZIP Code
City	State	ZIP Code

Debtor 1 Shanise Renee Thompson

Case number (if known) \_\_\_\_\_

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____	
Number Street	Number Street	_____	
		City State ZIP Code	_____
		City State ZIP Code	_____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending
_____	Number Street _____	<input type="checkbox"/> On appeal
Case number _____	City State ZIP Code _____	<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street _____	_____	EIN: _____
City State ZIP Code _____	Name of accountant or bookkeeper _____	Dates business existed From _____ To _____
Business Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street _____	Name of accountant or bookkeeper _____	EIN: _____
City State ZIP Code _____	_____	Dates business existed From _____ To _____

Debtor 1 Shanise Renee Thompson

Case number (if known)

Business Name		Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Number Street		Name of accountant or bookkeeper	EIN: _____
City	State	ZIP Code	Dates business existed From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtor 1

Signature of Debtor 2

Date 03-07-2017

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

<b>Fill in this information to identify your case:</b>		
Debtor 1	Shanise	Renee
	First Name	Middle Name
Debtor 2	Thompson	
(Spouse, if filing)	Last Name	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number	(If known)	

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:		<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:			
Creditor's name:		<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:			
Creditor's name:		<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:			
Creditor's name:		<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:			

Debtor 1 Shanise Renee Thompson

Case number (if known) \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name: Jeffery SE, LLC

No

Yes

Description of leased property: Apartment rental

Lessor's name:

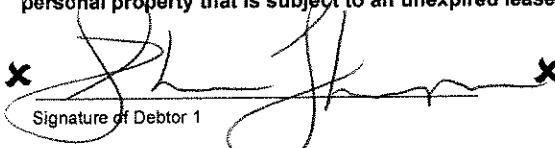
No

Yes

Description of leased property:

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.



Signature of Debtor 1

Signature of Debtor 2

Date 03 01 2017  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY



DL NUMBER: T512-7969-2835

SHANISE R THOMPSON  
7917 S LUELLA AVE  
CHICAGO IL 60617-1149

PLATE NO: E152838  
VIN: 2G2WR524941281050  
MAKE: PONTIAC YR: 04  
OFFICE USE

**NOTICE OF LICENSE PLATE SUSPENSION  
FOR FAILURE TO COMPLY WITH MANDATORY VEHICLE INSURANCE LAWS**

You are hereby notified that the vehicle registration identified above is suspended for failure to comply with mandatory vehicle liability insurance laws (625 ILCS 5/3-707) beginning 12:01 a.m. on the effective date printed below.

Effective date of registration suspension

FEBRUARY 17, 2015

Earliest date eligible to end suspension

FEBRUARY 17, 2015

Fee required to end suspension . . . . .

\$100.00

**IMPORTANT: EVIDENCE OF INSURANCE MUST ACCOMPANY FEE. SEE REVERSE SIDE FOR REINSTATEMENT INSTRUCTIONS**

The suspension is the result of the following action:

## COURT CONVICTION

DATE OF  
OFFENSE  
11/07/14

NAME OF  
OPERATOR  
KENNETH L. JONES

DATE OF CONVICTION  
01/13/15

TRAFFIC  
VIOLATION  
3-707

TICKET/  
CASE NO.  
38365789

REPORTING  
COURT/STATE  
COOK - 5TH

E152838  
T15-032-385A

The vehicle registration suspension is authorized by the Director of the Vehicle Services Department, Office of the Secretary of State.  
(Form MI\_SU\_DOC01) - Rev. 08/01/2012

Patient Accounts  
 PO Box 12199  
 Chicago, IL 60612-0199

TO PREVENT YOUR ACCOUNT FROM GOING TO A  
 COLLECTION AGENCY, SEND A PAYMENT TODAY OR CALL  
 US TO ESTABLISH AN APPROPRIATE PAYMENT PLAN.

The charges reflected on this statement are related to the  
 hospital and/or some physicians. You may receive a separate  
 bill from additional physicians involved in your care.

THE13E 100347623  
 0 SHANISE THOMPSON  
 1 7917 S LUELLA AVE  
 2 CHICAGO, IL 60617-1149

### Account Summary

Guarantor Number	[REDACTED]
Statement Date	01/13/15
Billing Period	12/13/14 - 01/12/15
Account Balance Last Statement	\$ 150.00
New Charges/Adjustments	\$ 0.00
New Payments/Credits	\$ 0.00
Insurance Payments/Adjustments	\$ 0.00
Contested Amounts	\$ 0.00
Current Account Balances	\$ 150.00
Insurance Due	\$ 0.00
Amount You Now Owe	\$ 150.00

See detail on back 

### DID YOU KNOW...

We have a New and Improved Web site unveiled at  
[www.Hospital.uillinois.edu](http://www.Hospital.uillinois.edu).

Learn more about the University of Illinois Hospital & Health Sciences System by visiting our new and improved Web site. If you are seeking a directory of services, details on a particular condition, or to identify a physician by way of our new "Find a Doctor" patient tool, you will find a wealth of knowledge in the comfort of your home. The redesigned site is streamlined and more user-friendly for our visitors.

*Please Note: Your physician may bill separately for their professional services.*

**UNIVERSITY OF ILLINOIS**  
 Hospital & Health Sciences System  
 Changing medicine. For good.

Statement Date: 01/13/15

- Make checks payable to University of Illinois Hospital & Health Sciences System.
- Please include your Guarantor No. on your check.
- Enclose this payment stub with your payment.

University of Illinois Hospital  
 7705 Solution Center  
 Chicago IL 60677-7007



380891327000000000000000150001

- A \$30.00 fee will be assessed for checks returned from the bank.

### For Your Information

#### Payment Policy

In order for University of Illinois Hospital & Health Sciences System to have financial resources to serve the community healthcare needs, payment in full is expected within 30 days of the statement date.

**Minimum Monthly Payment Plan** - Interest free payment plans are available. Please contact us for more information.

**Financial Assistance** - Available to eligible persons who have no insurance, do not qualify for government programs, or cannot afford to pay for their healthcare. Uninsured patients meeting certain income requirements may qualify for an uninsured discount. Please contact us for more information.

### Contact Us

**Billing questions or changes in insurance coverage?**  
**Phone:** (312) 996-1000, 8:30 am to 4:30 pm, Mon-Fri.

¿Se Habla Español? Para preguntas respecto a su saldo de cuenta por favor llame al (312) 996-1000.

 **Online Billing Manager**, 24 hours per day, 7 days per week [www.Hospital.uillinois.edu](http://www.Hospital.uillinois.edu). A simple and easy way to access your updated account information, answer questions and pay your accounts online.

Guarantor Name	Account Number
SHANISE THOMPSON	380891327
Amount Due	Amount I Am Paying
\$ 150.00	\$ <input type="text"/>

*Check here if your address or insurance information has changed.  
 Please indicate changes on the back of this page.*

**To pay by credit card:** For your convenience, you may pay by Visa, MasterCard, or Discover. Please indicate your credit card preference, provide the account information, and sign below.



Account No.

Card Holders Name

Expiration Date

Signature X

SOUTH SHORE RADIOLOGISTS

PO BOX 701

LANSING, IL 60438

(866)322-7042

Statement Date

Chart Number

Page

05/31/2013

1

Make Checks Payable To:

SOUTH SHORE RADIOLOGISTS

PO BOX 701

LANSING, IL 60438

(866)322-7042

SHANISE THOMPSON  
7917 S LUILLA AVE  
CHICAGO, IL 60617

Previous Balance: 0.00

Patient: SHANISE THOMPSON

Chart Number: [REDACTED]

Xray Reading South Shore Hospital

Date of Last Payment:

Amount: 0.00

Dates      Procedure      Charge

Paid By

Guarantor

Adjustments

Remainder

03/09/13      71020

50.00

0.00

50.00

PROMPT PAYMENT  
 WILL AVOID  
 COLLECTION

FINAL  
 ACCOUNT

Amount Due

50.00

OAKLAWN RADIOLOGY IMAGING CONSULTANTS - ADVOCATE C  
37241 EAGLE WAY  
CHICAGO, IL 60678-0000

PAY ONLINE AT <a href="http://www.mbo-trs.com">www.mbo-trs.com</a>	
PAYMENT BY CREDIT CARD	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX <input type="checkbox"/> VISA	
CARD NUMBER	
SIGNATURE	
3-digit CVV#	
EXP DATE	
STATEMENT DATE	ACCOUNT NO.
06/10/13	
PAY THIS AMOUNT	
\$619.15	

\*\*\*\*\*AUTO\*\*3-DIGIT 606  
SHANISE THOMPSON  
7917 S LUCCA AVE  
CHICAGO IL 60617-1149

OAKLAWN RADIOLOGY IMAGING CONSULTANTS - ADVOCATE C  
37241 EAGLE WAY  
CHICAGO, IL 60678-0000

To avoid unnecessary calls please provide us with your Email address:  Visit our website at [www.mbo-trs.com](http://www.mbo-trs.com) for easier payment options or to provide us with additional information.

OFFICE HOURS: 8:00AM - 4:30PM MON-FRI

Check box if address or insurance information is incorrect and indicate change(s) on reverse side

SHOW AMOUNT PAID HERE 

Please detach & return the top portion of this statement with your remittance to ensure proper credit

DATE	DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	AMOUNT DUE
Provider: Patient Name: 04/26/13	JOEL BENVENISTE SHANISE THOMPSON	LOC: CHRIST HOSP-ER PAT#126-17727937 -----CHARGES----- WRIST XRAY SINGLE VIEW CHEST CHEST W/O CONTRAST,FOLLOWED BY CONTRAST MATERIAL AND FURTHER SECTIONS HAND <b>TOTAL CHARGES:</b> -----TRANSACTIONS----- <b>TOTAL AMOUNT DUE:</b>	\$41.99 \$43.65 \$467.51 \$35.00 <b>\$588.15</b>			
Provider: Patient Name: 04/26/13	SHAHEEN UMAR SHANISE THOMPSON	LOC: CHRIST HOSP-ER PAT#126-17727937 -----CHARGES----- ELBOW,2 VIEWS <b>TOTAL CHARGES:</b> -----TRANSACTIONS----- <b>TOTAL AMOUNT DUE:</b>	\$31.00 <b>\$31.00</b>			<b>\$31.00</b>

PATIENT NAME

Shanise Thompson

ACCOUNT NUMBER

CURRENT PATIENT BALANCE

**\$619.15**

PLEASE PAY THIS AMOUNT

 **\$619.15**

PAYMENTS AND CHARGES RECEIVED AFTER STATEMENT DATE WILL APPEAR ON YOUR NEXT STATEMENT.

MESSAGES

PAY ONLINE AT [www.mbo-trs.com](http://www.mbo-trs.com)



## ACCOUNT(S) WITH PATIENT BALANCE DUE (CONTINUED)

Patient: SHANISE THOMPSON	Account Number: [REDACTED]	Service Date 09/02/14
---------------------------	----------------------------	-----------------------

Date	Description of Current Activity	Amount
10/21/14	MEDICAID PAYMENT ILLINOIS MEDICAID	\$ -136.47
<b>Summary</b>		<b>Amount</b>
Type of Service	UNKNOWN TYPE OF SERVICE	
Previous Balance		\$ 136.47
Current Account Balance		\$ 0.00
Estimated Insurance Due		\$ 0.00
Patient Amount Due		\$ 0.00

Patient: GIANCARLO FIGARO	Account Number: [REDACTED]	Service Date 10/20/14
---------------------------	----------------------------	-----------------------

Summary	Amount
Type of Service	UNKNOWN TYPE OF SERVICE
Current Account Balance	\$ 178.00
Estimated Insurance Due	\$ 0.00
Patient Amount Due	\$ 178.00

Illinois Tollway

Notice of Toll Violation

Payments: By Phone, mail or online at [www.illinoistollway.com](http://www.illinoistollway.com)

1-800-824-7277 / 1-630-241-7302 - T.D.D.

Hours: Monday-Friday, 6:00a.m. - 10:00p.m. / Saturday-Sunday, 8:00a.m. - 5:00p.m.

Respondent(s):

SHANISE R THOMPSON  
7917 S LUILLA AVE  
CHICAGO, IL 60617-1149

Notice Number: VN143361352  
License Plate/Type: E152838 (IL) - PAS  
Issue Date: December 08, 2014  
Due Date: January 07, 2015  
Amount Due: \$86.60



718360208

Your vehicle has been recorded by the Illinois Tollway's violation enforcement camera system for non-payment of the proper tolls. Within 30 days of the issue date of this notice you must either: pay the total amount due or request a hearing to contest the violations. If you had a valid I-PASS account in good standing, at the time of these violations, you do not need to schedule a hearing. The photo in the upper right corner of this page is representative of one of the alleged violation occurrences. Photos & documentation of all occurrences are available for inspection (see additional information below).

Section 10/10(a-5) of The Illinois Toll Highway Act and sections 2520.269(e) and 2520.750 of the Illinois Administrative Code authorizes The Illinois Tollway to adjudicate toll evasion violations administratively and assess a mandatory fine of \$20.00 per violation against the registered owner of a vehicle that has been recorded as failing to pay the proper toll.

Failure to respond to this notice within 30 days shall be deemed as an admission of liability and a waiver of your right to a hearing and shall result in a Final Order of Liability being issued against you, by default, for the total amount due. Failure to satisfy any fines or penalties within 30 days after the entry of a Final Order of Liability, resulting by default or contest, shall result in an additional fine of \$50.00 per liable violation. Failure to satisfy any fines or penalties after the entry of a Final Order(s) of Liability for 5 or more violations shall result in the Tollway petitioning the Secretary of State for suspension of your vehicle registration and/or driver's license and possible forwarding of this matter to a private agency or law firm for collection action.

**I-PASS PATRONS:** You may have received this notice if your account is not up to date with all current vehicle information. **YOU DO NOT NEED TO SCHEDULE A HEARING.** Call 1-800-824-7277 / 1-630-241-7302 - T.D.D. and a representative will assist you. Please have your I-PASS account number, notice number and license plate number available when you call.

Additional Information:

**HEARING/EVIDENCE REVIEW:** The purpose of a hearing is solely to determine whether or not a violation has occurred. The hearing officer does not have the legal authority to negotiate, waive or lessen the mandatory fine amount, extend the mandatory payment period or grant a payment plan.

Toll evasion is a public, strict liability and vicarious liability violation. Therefore the following are not legal defenses or mitigating factors under Illinois law: (1) the violation notice wasn't mailed sooner; (2) the driver did not intend to miss the payment or go through an I-PASS lane; or (3) someone else was driving the vehicle. This notice may not be inclusive of all violation events for this license plate either prior or subsequent to the dates in this notice.

If you wish to contest these violations or review all photos and documentation prior to a hearing please call 1-800-824-7277 / 1-630-241-7302 - T.D.D. to schedule a hearing and/or an evidence package review. Please have your name and license plate number available when you call. You may also use the coupon below to make your request via U.S. mail.

**DISPUTES:** Sold vehicles, stolen vehicles or license plates, or commercial leased/rented vehicles please call 1-800-824-7277 / 1-630-241-7302 - T.D.D.

Return Coupon with your Payment Or Hearing Request To: **Illinois Tollway, P.O. Box 5544, Chicago, IL 60680-5544**

Respondent(s):  
SHANISE R THOMPSON  
7917 S LUILLA AVE  
CHICAGO, IL 60617-1149

Please Schedule a Hearing.

Notice Number: **[REDACTED]**

Amount Due: **\$86.60**

Make Cashiers Check or Money Order Payable to: The Illinois Tollway

Payment Amount: \_\_\_\_\_

Amex  Visa  MasterCard  Discover

Plate #: **E152838 (IL) - PAS**

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address of Card if different than address on notice: \_\_\_\_\_

## Attorneys At Law

312-604-7130

September 23, 2014

City of Chicago \$732.00  
Make check payable to the City of Chicago.

Remit Payment to:

~~ARNOLD SCOTT HARRIS, P.C.  
Attorneys At Law  
111 West Jackson Boulevard, Suite 600  
Chicago, IL 60604~~

See reverse side to remit your payment by credit card.

\*\*\* Detach and Return with Payment \*\*\*

## NOTICE OF ATTORNEY REFERRAL

**City of Chicago - Department of Revenue**  
**Parking Violation(s): 02 violations**

Amount Due: \$732.00

Dear Shanise Thompson,

Be advised that this law firm has been retained by The City of Chicago to collect your unpaid parking ticket(s). The City of Chicago may consider proceeding with one or more of the actions listed below. To avoid the possibility of any of the below listed actions, please pay this debt in full at once.

## 1. ADMINISTRATIVE JUDGMENT

As you may know, an administrative judgment has been entered against you. Although post judgment proceedings are not being considered at this time, you should understand that our firm, on behalf of the City, has the right to exercise the below remedies and may commence these actions against you in the future. Please pay the balance in full at once.

- **Garnishment of your wages.**
- **Attachment of your bank account.**
- **Filing a judgment lien against your property.**

## 2. BOOT ELIGIBILITY:

(If you have 3 or more tickets or more than one ticket greater than one year old. See reverse side for additional information.)

**3. IMPOUNDMENT OF YOUR VEHICLE:** Any vehicle you own.

(24 hours after being booted. See reverse side for additional information.)

**4. DRIVER'S LICENSE SUSPENSION:** Licensee: Shanise Thompson

(If you have 10 or more tickets, See reverse side for additional information.)

**Pay on-line by check or credit card: [WWW.PAUTICKETNOW.COM](http://WWW.PAUTICKETNOW.COM), or CONTACT US AT 312-604-7130**

Descriptions	Amount	Violation Date	Violation Location	Vehicle Make	Violation #
PARK OR STAND IN BUS/TAXI	244.00	02-05-14	2610 E 79TH ST	PONT	0063698402
NO CITY STICKER VEHICLE U	488.00	03-17-14	7917 S LUCCA	PONT	9185073179

The "Amount Due" listed above reflects your total balance listed with our office. However, all of your ticket detail information may not be listed. For further information please contact our office at 312-604-7130.

If you are in bankruptcy, please do not consider this letter a demand for payment; but please contact our office to provide us with the necessary information.

### **General Payment Plan I**

To participate:

- A 6-month payment plan for motorists with \$500 or less worth of Parking, Compliance and Camera enforced Violation(s) debt.
- A deposit of 50% of the ticket debt is required.
- Pay all outstanding boot, tow, tamper and storage fees.

### **General Payment Plan II**

To participate:

- Requires a deposit of \$500 or 25% of the Parking, Compliance and Camera enforced Violation(s) debt, whichever is greater.
- Payments can be made over 1 year.
- Pay all outstanding boot, tow, tamper and storage fees.

### **Booted Vehicle Payment Plan:**

To participate:

- If your vehicle has been booted, and you would like to enter into a payment plan, participation requires a deposit of \$750 or 50% of the parking ticket debt, whichever is greater. Payments can be made over 1 year.
- Pay all outstanding boot, tow, tamper and storage fees.

### **Hardship Payment plan:**

To participate in a Hardship Plan you must:

- Show certification of any of the following programs or classifications:
  - Government Issued Unemployment Compensation
  - Low income home energy assistance program (LIHEAP)
  - Federal Public Housing/Section 8
  - Food Stamps
  - Students (high school, college, trade or vocational)
  - Seniors (65 and older)
  - Medicaid or Supplemental Security Income (SSI)
  - On active military duty, including reservists and national guard, or been discharged from the military in the last 90 days
- Make a deposit of \$250 or 25% of your Parking, Compliance and Camera enforced Violation(s) debt whichever is less.
- Pay all outstanding boot, tow, tamper and storage fees if you have been booted and/or towed.

### **Financial Circumstances:**

Participants in hardship, and general payment plans may qualify for extended payment plans should financial circumstances warrant. Should the City elect to extend a payment plan beyond 12 months, participants are required to pay a \$50 administrative fee. Plans in excess of 24 months require payment of a \$100 administrative fee. Fees may only be waived if participants agree to a schedule of automated payments or debits.

***Please note: Anyone who defaults on a parking ticket payment plan will be charged a \$100 fee, be immediately placed on a boot or tow list and will be prohibited from participating in this plan in the future.***

If you are interested in participating in a City of Chicago Parking, Compliance and Camera enforced Violation(s) Payment Plan, please call: 312-604-7111

**Please see reverse side for Payment Center and Kiosk Locations and hours**



Return Service Requested

06/08/2013

Strnt ID#: 340984384

98599-286

SHANISE R THOMPSON  
7917 S LUELLA AVE  
CHICAGO IL 60617-1149

Invoice Date: 06/08/2013

Account #: 12000

Amount Past Due: \$968.00

Payment Amount:

Due Date: IMMEDIATELY

Please make checks payable to:  
City of Chicago EMS

12,000

Remit Payment To:

City of Chicago EMS  
33589 TREASURY CTR  
CHICAGO IL 60694-3500

98599-286

Detach and Return Top Portion With Payment

## FINAL NOTICE

### INVOICE FOR AMBULANCE SERVICES

Date of Service:

04/26/2013

Transport From:

W 79th St / S Sawyer Av @ S Sawyer Av

Transport To:

Advocate Christ Medical Center

Description of Service	Quantity	Unit Price	Amount
BLS Emergency Base Rate Resident	1.00	900.00	\$900.00
BLS Emergency Mileage	4.00	17.00	\$68.00

AMOUNT PAST DUE: \$968.00

DUE DATE: 06/23/13

Our records show that you have a balance due to the City of Chicago as stated above for ambulance services that were provided to you by the Chicago Fire Department - Emergency Medical Services (EMS). **THE BALANCE DUE IS YOUR RESPONSIBILITY** and if payment is not received your account may be forwarded to an outside collection agency. Please submit your payment immediately using one of the payment methods listed below or contact 1-877-987-2083, between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday to make payment arrangements.

#### MAIL IN PAYMENT

Mail your payment in the form of a check or money order in the enclosed envelope and include the payment coupon from above. Make all checks or money orders payable to the City of Chicago EMS. **DO NOT SEND CASH.**

#### PAY IN PERSON

In-person payments can be made by cash, check, money order or credit card at any of the payment centers listed below.

**DO NOT MAIL PAYMENTS TO THESE LOCATIONS.**

Site	Site Address or Location	Accessible Days	Hours
City Hall	121 North LaSalle	Monday - Friday	8:00am - 5:00pm
Revenue Payment Center (SW)	4770 South Kedzie	Monday - Friday	8:00am - 6:30pm
Revenue Payment Center (NW)	2550 West Addison	Monday - Friday	8:00am - 6:30pm
Revenue Payment Center (SE)	2006 East 95th	Monday - Friday	8:00am - 6:30pm
Revenue Payment Center (Central)	400 West Superior	Monday - Friday Saturday	8:00am - 4:30pm 8:00am - 3:30pm

*Site locations, accessible days and hours of operation are subject to change. Please check with the City website at [www.cityofchicago.org/finance](http://www.cityofchicago.org/finance) for any changes.*

If you have insurance or participate in a program which may pay this fee or a portion of it, please complete and sign the reverse side of this invoice and return in the enclosed envelope, or complete the form online at [www.intermedix.com/billpay](http://www.intermedix.com/billpay).



98599-286

Document Page 67 of 79  
**Law Office of Jerry M. Salzberg**

P.O.Box 5718  
Elgin, IL 60121-5718  
Office: 1-847-841-6400  
Fax: 1-847-841-1313

Shanise Thompson  
7917 S Luella Ave  
Chicago IL 60617

Account Summary	
Agency Id	Turner Acceptance -2
Original Creditor	015-116178
Account Number	NEW 30
File	05-29-2015
Date	\$4,369.57
Balance Due	

Turner Acceptance -2  
vs.  
Shanise Thompson

Unless you, the recipient of this notice, within thirty days after receipt of this communication, dispute the validity of this debt or any portion thereof, the debt will be assumed to be valid.

If you notify this office, in writing, within the thirty day period that the debt, or any portion thereof is disputed, this office will obtain verification of the debt or a copy of a judgement against you and a copy thereof will be mailed to you.

Upon written request, within the same thirty day period, this office will provide you the name and address of the original creditor, if different from the current creditor.

**THIS COMMUNICATION IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**

A menos que usted, el beneficiario de este aviso, dentro de los treinta días después del recibo de esta comunicación, cuestione la validez de esta deuda o cualquier porción thereof, asumirá la deuda sea válida.

Si usted notificar a esta oficina, por escrito, dentro del plazo de treinta días que la deuda, o cualquier porción del mismo, se disputa, esta oficina obtendrá verificación de la deuda o una copia de una sentencia contra ti y se enviará una copia a usted.

Previa solicitud por escrito, en el mismo plazo de treinta días, esta oficina le proporcionará el nombre y dirección del acreedor original, si es diferente al actual acreedor.

**ESTA COMUNICACIÓN ES UN INTENTO DE COBRAR UNA DEUDA Y CUALQUIER INFORMACIÓN OBTENIDA SE UTILIZARÁ PARA ESE PROPÓSITO.**

Very Truly Yours/Sinceramente

Jerry M. Salzberg

**CREDIT CARDS**  
CHECK CARD USING FOR PAYMENT

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
CARD NUMBER	CVV	AMOUNT	
SIGNATURE	EXP. DATE		



City of Chicago  
Department of Law  
(312) 744-7275

02/20/15

MDG2013 00001040 1 AV 0381

THOMPSON, SHANISE R

7917 S LUELLA AVE  
CHICAGO, IL 60617-1149

Re: Amount Due **\$3,291.97**

Dear Thompson, Shanise R

Attached is a list of parking, compliance, automated speed enforcement system, or automated traffic violation debt for which you have been sent notices by the City's Department of Finance. You have failed to respond to the Department of Finance's notices, and a Findings, Decisions, and Order has been entered against you in the amount noted above. This debt has now been referred to the City of Chicago's Department of Law for enforcement.

You must pay the total final determination debt immediately to avoid collection proceedings. If you fail to pay now you may be responsible for additional amounts, including attorneys' fees and collection costs. Also, the City may garnish your wages and bank accounts, file a lien against your property, and notify the credit bureaus, any of which may affect your credit.

You may make your payment in any of the following ways:

1. Pay by credit card online at [www.cityofchicago.org/finance](http://www.cityofchicago.org/finance)
2. Send a check or money order payable to the order of City of Chicago, Department of Finance with the payment coupon below.
3. Pay in-person at any one of the Department of Finance payment facilities.
4. Enroll in a Payment Plan. For information about payment plans, please visit us at [www.cityofchicago.org/finance](http://www.cityofchicago.org/finance) or call 312.744.PARK (7275)

For locations, directions, hours of operation, or if you have questions, please call (312) 744-PARK or visit the City's web site at [www.cityofchicago.org/finance](http://www.cityofchicago.org/finance).

Collections Unit  
Department of Law

COCL 002064 P

NOTICE NUMBER  
THOMPSON, SHANISE R  
7917 S LUELLA AVE  
CHICAGO, IL 60617-1149

Please make check or money order payable to the City of Chicago.

**TOTAL AMOUNT DUE**

**\$3,291.97**

TO ENSURE PROPER CREDIT PLEASE RETURN  
THIS STUB WITH YOUR PAYMENT

**MAIL TO:**

City of Chicago  
Department of Finance  
P.O. Box 88292  
Chicago, IL 60680-1292

**PLEASE:**

- DO NOT send cash
- DO NOT send credit card information
- DO NOT fold the payment stub
- DO NOT staple the check or money order to the payment stub

02/20/15

THOMPSON, SHANISE R  
7917 S LUELLA AVE  
CHICAGO, IL 60617-1149

<u>Offense</u>				<u>Description</u>	<u>Collection</u>		
<u>Citation No.</u>	<u>Date</u>	<u>Make</u>	<u>Plate No.</u>	<u>Offense Location</u>	<u>Fee</u>	<u>Amount</u>	
0064700907	10/23/14	Pont	S868600	2102 E 79th St	No City Sticker Vehicle Under/Equal To 16,000 Lbs.	\$0.00	\$400.00
0065238052	10/18/14	Pont	S868600	2310 E 79th St	Rear And Front Plate Required	\$0.00	\$120.00
7005910975	10/09/14	Othr	S868600	7600 S Stony Island A	Red Light Violation	\$0.00	\$200.00
0064588691	06/12/14	Pont	S868600	2141 E 79th	No City Sticker Vehicle Under/Equal To 16,000 Lbs.	\$88.00	\$488.00
0064588690	06/12/14	Pont	S868600	2141 E 79th	Rear And Front Plate Required	\$26.40	\$146.40
9185073179	03/17/14	Pont	S868600	7917 S Luella	No City Sticker Vehicle Under/Equal To 16,000 Lbs.	\$88.00	\$488.00
0063698402	02/05/14	Pont	225P045	2610 E 79th St	Park Or Stand In Bus/Taxi/Carriage Stand	\$44.00	\$244.00
0061479230	08/01/12	Plym	L743153	9017 S Paxton	No City Sticker Vehicle Under/Equal To 16,000 Lbs.	\$88.00	\$488.00
0061493569	07/29/12	Plym	L743153	9025 S Paxton A	No City Sticker Vehicle Under/Equal To 16,000 Lbs.	\$88.00	\$488.00
9182219332	05/02/12	Plym	L743153	9324 S Oglesby	Residential Permit Parking	\$22.00	\$122.00
7003984896	04/17/12	Othr	L743153	1200 W 79th Street	Red Light Violation	\$19.40	\$107.57

\*\*



**SOUTH SHORE HOSPITAL**  
8012 South Crandon Ave. Chicago, IL. 60617  
(773) 768 - 0810

Date: 06/19/13

Shanise Thompson  
7917 South Luella Ave  
Chicago, IL 60617

Patient Information  
Shanise Thompson  
Account # [REDACTED]  
Admit Date:  
Disch/Service Date: 03/09/13  
Self Pay Balance: \$1158.00  
Amount is due 30 days from 06/19/13

Dear Shanise Thompson:

After making several attempts to contact you regarding the above delinquent account, you have left us no alternative but to send this account to a collection agency.

In order to avoid this procedure, it will be necessary for you to make a payment of least \$25.00. If we do not hear from you, we have no alternative than to send you to a collection agency.

By contacting us immediately, the above action may not be necessary. If you have any questions please contact us. Payment plans or financial assistance are available.

Sincerely yours,

VICTOR LOCKETT  
Patient Representative  
(773)356-5212

P.S. Please put your account number on your check or money order. You may also pay by Visa or MasterCard by completing the bottom portion of this letter and returning it to us.

Please return this portion with your payment \_\_\_\_\_

M/C

Cardmember's Signature

Patient Name: THOMPSON, SHANISE

\$ Amount  
Account Number: V00162904437

## Correspondence Address:

General Revenue Corp  
11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249-1643

Street Address: (855) 696-5064  
11501 Northlake Drive  
Cincinnati OH 45249-1643

Payment Address:  
PO Box 495999  
Cincinnati OH 45249-5999

RE: Account Number [REDACTED]

Current Amount Due: \$570.01

Note: The amount(s) due shown above consist of the debt  
as detailed on the second page of this notice.

SHANISE THOMPSON  
7917 S LUELLA  
CHICAGO IL 60617

November 2, 2012  
Creditor: CHICAGO STATE UNIVERSITY

Dear SHANISE THOMPSON:

Enclosed is the information you requested. If you should have any questions or require additional information, please contact General Revenue Corporation at (855) 696-5064.

The following balances comprise the current amount due as shown above:

Principal:	\$ 479.00
Interest:	\$ 0.00
Penalty/Late:	\$ 0.00
Collection Costs:	\$ 91.01
Other Charges:	\$ 0.00
Total:	\$ 570.01

As of the date of this letter, you owe the amount stated above. Because your credit agreement may require you to pay interest on the outstanding portion of your balance, as well as late charges and costs of recovery, which vary from day to day, as you agreed in your credit agreement, the amount required to pay your account in full on the day you send payment may be greater than the amount stated here. If you pay the amount stated here, an adjustment may be necessary after we receive your payment. In that event, we will notify you of any adjustment in your balance. We encourage you to call prior to making a payment intended to pay your account in full. Please contact us at the address on this letter or call (855) 696-5064.

This is an attempt by a debt collector to collect a debt. Any information obtained will be used for that purpose.

Account Number	CHICAGO STATE UNIVERSITY	Current	Current	Collection	Current	Current	
		Principal	Interest	Cost	Balance	Other Charges	Interest Rate
		479.00	0.00		91.01	0.00	0.000%

\*\*\*\*\*CONTINUED ON NEXT PAGE\*\*\*\*\*

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 24-DCT-2012 04:28:13 PM Chicago State University  
 ALL TERMS Student Trans Summary Report 900031853 Thompson, Shanise R - (14R50)  
 Balance: 479.00

PAGE 1  
TSRSSUM

EFF DATE	Description	CHARGE	PAYMENT	TERM
24-APR-12	IPAD Recovery	479.00		201009
25-FEB-11	Financial Aid Award Refunds	266.00		201101
18-FEB-11	Financial Aid Award Refunds	1,629.50		201101
18-FEB-11	Spring MAP Awards		266.00	201101
14-FEB-11	Pell		2,062.50	201101
14-FEB-11	Spring MAP Awards		1,197.00	201101
14-FEB-11	Subsidized Loans - Direct		1,742.00	201101
11-JAN-11	Undergraduate RES 4-year Plan	269.00		201101
11-JAN-11	Undergraduate RES 4-year Plan	807.00		201101
11-JAN-11	Undergraduate RES 4-year Plan	807.00		201101
11-JAN-11	Undergraduate RES 4-year Plan	1,076.00		201101
11-JAN-11	Laboratory Fee	10.00		201101
11-JAN-11	Mandatory Fee PT - Fall/Spring	403.00		201101
03-DEC-10	Financial Aid Award Refunds	1,742.00		201009
01-DEC-10	Subsidized Loans - Direct		1,742.00	201009
14-SEP-10	Cash		20.00	201009
14-SEP-10	Replacement ID-Financial Aid	20.00		201009
02-SEP-10	Financial Aid Award Refunds	494.00		201009
01-SEP-10	FT Health Insurance Premium	-462.50		201009
30-AUG-10	Bookstore Charge	-31.50		201009
27-AUG-10	Bookstore Charge	31.50		201009
26-AUG-10	Fall MAP Awards		1,680.00	201009
26-AUG-10	Pell		2,750.00	201009
13-AUG-10	Undergraduate RES 4-year Plan	807.00		201009
13-AUG-10	FT Health Insurance Premium	462.50		201009
13-AUG-10	CTA U-PASS	113.00		201009
13-AUG-10	Mandatory Fee PT	-403.00		201009
13-AUG-10	Mandatory Fee FT	575.00		201009
13-AUG-10	Undergraduate RES 4-year Plan	2,421.00		201009
13-AUG-10	Laboratory Fee	20.00		201009
13-AUG-10	Mandatory Fee PT	403.00		201009
TOTAL:		11,938.50	11,459.50	
=====				

Term	Description	Receipt Number	Amount
Spring 2011	Financial Aid Award Refunds	1231347	1,629.50
	Financial Aid Award Refunds	1232185	266.00
	Laboratory Fee		10.00
	Mandatory Fee PT - Fall/Spri		403.00
	Pell		-2,062.50
	Spring MAP Awards		-1,463.00
	Subsidized Loans - Direct		-1,742.00
	Undergraduate RES 4-year Pla		2,959.00
Spring 2011 Total:			.00
Fall 2010	CTA U-PASS		113.00

24-OCT-2012 04:28:13 PM Chicago State University PAGE 2  
 ALL TERMS Student Trans Summary Report TSRSSUM  
 900031853 Thompson, Shanise R  
 Balance: 479.00

\*\*\*\*\*CONTINUED FROM PREVIOUS PAGE\*\*\*\*\*

<u>Term</u>	<u>Description</u>	<u>Receipt Number</u>	<u>Amount</u>
Fall 2010	Cash	1196844	-20.00
	Fall MAP Awards		-1,680.00
	Financial Aid Award Refunds	1194690	494.00
	Financial Aid Award Refunds	1211974	1,742.00
	IPAD Recovery		479.00
	Laboratory Fee		20.00
	Mandatory Fee FT		575.00
	Pell		-2,750.00
	Replacement ID-Financial Aid	1196844	20.00
	Subsidized Loans - Direct		-1,742.00
	Undergraduate RES 4-year Pla		3,228.00
		-----	
	<u>Fall 2010 Total:</u>		479.00
	<u>Grand Total:</u>		479.00
		=====	

G18

**Billing Inquiries: Call (847) 390-5911**
**Fax (847) 390-5450**
**Office Hours: M-F 7:30am - 4:30pm**

 MAKE CHECK PAYABLE TO ADVOCATE MEDICAL GROUP  
 OR PAYABLE BY CREDIT CARD

 VISA  MASTERCARD  DISCOVER

CARD NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

 ACCOUNT NUMBER DUE DATE PAY THIS AMOUNT AMOUNT ENCLOSED  
 [REDACTED] 07/01/13 \$474.00 \$

[REDACTED]

 SHANISE THOMPSON  
 7917 S LUELLA AVE  
 CHICAGO, IL 60617-1149

170 1 AV 0.357 BMECH

 ADVOCATE MEDICAL GROUP  
 75 REMITTANCE DR SUITE 1019  
 CHICAGO, IL 60675-1019


PLEASE DETACH AND RETURN WITH PAYMENT. PLEASE REVIEW YOUR PATIENT PROFILE ON THE REVERSE SIDE. IF ANY CHANGES ARE NECESSARY, PLEASE CALL US AT (847) 390-5911.

## STATEMENT OF PROFESSIONAL SERVICES

(AS OF JUNE 10, 2013)

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PAGE 1

ACCOUNT NUMBER [REDACTED] SHANISE THOMPSON

PLEASE REVIEW THE BACK OF THIS STATEMENT FOR THE CURRENT INFORMATION ON FILE. A CLAIM HAS BEEN FILED TO YOUR INSURANCE COMPANY AND THE BALANCE IS DETERMINED TO BE YOUR RESPONSIBILITY. PLEASE REMIT PAYMENT IN FULL TO AVOID COLLECTION ACTION. IF YOU HAVE INSURANCE OR THE INCORRECT INSURANCE INFORMATION APPEARS ON THIS STATEMENT PLEASE CONTACT THE BILLING INQUIRY NUMBER THAT APPEARS ON THIS STATEMENT. ADVOCATE OFFERS PAYMENT ALTERNATIVES INCLUDING FINANCIAL ASSISTANCE. RETURN CHECKS MAY BE SUBJECT TO A \$25.00 FEE. SI HABLA ESPANOL. THANK YOU FOR CHOOSING ADVOCATE MEDICAL GROUP FOR YOUR HEALTH CARE NEEDS.

INVOICE NUMBER: 18-27256715

CHARGES

 PROVIDER: STEVEN SALZMAN DO MD  
 CHRIST HOSPITAL ER

 04/26/13 EMERGENCY DEP VST EM-COMPRHX, COMPREX, MEDICAL DECISION \$474.00  
 TOTAL: \$474.00

**PAYMENT ACTIVITY**

 05/03/13 INSURANCE BILLED  
 AMOUNT DUE NOW: \$474.00

**OTHER ACCOUNT INFORMATION**

DATE

AMOUNT

LAST PATIENT PAYMENT RECEIVED

\$0.00

**AMOUNT DUE BY 07/01/13:**
**\$474.00**

AMOUNT PENDING WITH INSURANCE

\$0.00

INSURANCE PAYMENTS RECEIVED IN LAST 30 DAYS

\$0.00

To: **Daniel E. Goodman Attorney**  
**9701 W. Higgins**  
**Suite 601**  
**Rosemont, IL. 60018**

**Shanise Thompson**  
**7917 S. Luella**  
**Chicago, IL. 60617**

You are hereby notified that the undersigned, a duly licensed and practicing physician in and for the State of Illinois, has and will render medical services in the treatment for injuries sustained by Shanise Thompson of 7917 S. Luella, Chicago, IL. 60617, on or about the 20<sup>th</sup> day of January 2015 and for which injuries the following person or persons is or may be liable to make compensation to the aforesaid injured person:

The undersigned claims a lien as by the Statutes of the State of Illinois, in such case made and provided, upon the claim and cause of action or causes of action of said injured party aforesaid, for his reasonable charges for medical services rendered up to the date of payment of such damages.

That such lien shall attach to any verdict, judgment or decree secured in any action or decree in any suit or action of said injured party based on the negligent or wrongful act or acts of said person or persons, or whoever shall be found to be liable therefore, and to any money or property which may be recovered by compromise settlement, suit or action on account of the injuries so sustained not resulting in the death of the injured person; or to any verdict, judgment or decree in any suit brought by the estate of such injured person against any person or persons for the recovery of damages on account of injuries resulting in the death of such injured person.

In the event you have insurance, it is suggested for your protection, that this Notice of Physician's Lien be forwarded promptly to your insurance carrier.



Signature

Suburban Orthopedics, Howard Freedberg, M.D.  
 Letitia D. Lohman, Operations Manager  
 350 South Northwest Highway, Suite 200  
 Park Ridge, Illinois 60068

## PROOF OF SERVICE

### STATE OF ILLINOIS

COUNTY OF } Cook

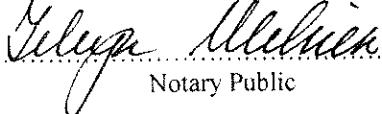
Liliya Melnik being duly sworn deposes and says that she served the above and foregoing Notice of Physician's Lien upon the aforesaid

by:

( ) Delivering a true copy thereof to said persons  
 (XXX) Placing a true copy of said notice in an envelope addressed to each of said persons at the addresses as above shown, and depositing the same in the United States Mails, postage prepaid as mail on the 17<sup>th</sup> day of September, 2015.

Subscribed and sworn to before me this

17<sup>th</sup> day of September, 2015

  
 Notary Public

"OFFICIAL SEAL"  
 Liliya Melnik  
 Notary Public, State of Illinois  
 My Commission Expires 7/13/2016



\*\*By Statute the notice must be served upon both the injured party and the person or persons allegedly liable.

Service may be made in person, by registered or certified mail.

SOUTH LOOP SKILLED NURSING FACILITY LLC 1726 S WABASH							CHICAGO IL 60616							Direct Deposit Receipt: 1114073043 Pay Date: 02/24/2017		
EE # 126192 SHANISE R THOMPSON							EID: 2332-8481-0951-930		DEPT # 25160012		SSN ****-**-6744		Period: 02/05/2017 to 02/18/2017			
BIWEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$	OTHER INFORMATION				
Regular	10.50	45.00	472.50	45.00	472.50				FITW/H		7.25		7.25			
									MED		6.85		6.85			
									SOC		29.30		29.30			
									IL		11.44		11.44			
<b>TOTALS</b>	<b>45.00</b>	<b>472.50</b>	<b>45.00</b>	<b>472.60</b>						<b>54.84</b>	<b>54.84</b>	<b>NET</b>	<b>417.66</b>			

SOUTH LOOP SKILLED NURSING FACILITY LLC  
1726 S WABASH  
CHICAGO IL 60616

Direct Deposit Receipt # 1114073043  
Date 02/24/2017

Pay this Amount

**" NON-NEGOTIABLE" DIRECT DEPOSIT RECEIPT "** VOID" "VOID"

Pay to the  
Order of

SHANISE R THOMPSON  
7917 S LUILLA AVE  
CHICAGO IL 60617

25160012 DD

DIRECT DEPOSIT \$417.66  
TO ACCOUNT # XXXXXXXX7790  
BANK # XXXXX4779  
**NON-NEGOTIABLE**

# ENT LEASE (UNFURNISHED)

MONTHLY RENT

SECURITY DEPOSIT

NG

2017

\$1058.00

## Owner/Agent Disclosure

Building Owner or  
Management Agent:

Name, address &  
phone number of  
building agent or  
manager authorized  
to receive notices,  
demands and  
service of process.

JEFFERY SE, LLC  
P.O. Box 46147  
Chicago, IL 60646  
P 312-493-5544

Seal) Lessor(s)

Seal)

3. **The Rent.** Tenant shall pay the Monthly Rent to Lessor or Lessor's agent on the first  
of each month in advance at the Lessor's address stated opposite (or at such other address  
as Lessor may designate in writing).

4. **Late Fee.** The Monthly Rent shall be due on the 1st of the month. If the Monthly  
is paid after the 5th of the month, a fee charge of \$ 20.00 will be